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CONFIRMATION NO. 2390

<b>SERIAL NUMBER</b> 10/073,065	<b>FILING OR 371(c) DATE</b> 02/12/2002 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1648	<b>ATTORNEY DOCKET NO.</b> USF-T156X
<b>APPLICANTS</b> Shyam S. Mohapatra, Tampa, FL; Mukesh Kumar, Norwood, MA; Shua-ku Huang, Towson, MD; Kam Leong, Ellicott City, MD; Aruna K. Behera, Watertown, MA; Li-Chen Chen, Taipei, TAIWAN; Cristina Perez de la Cruz, Bowie, MD;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/325,573 09/28/2001 <i>NA</i>				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> <b>** 04/01/2002</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Allowance</i> Examiner's Signature <i>[Signature]</i> Initials <i>NA</i>		<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 20
<b>INDEPENDENT CLAIMS</b> 6				
<b>ADDRESS</b> 23557				
<b>TITLE</b> GENE EXPRESSION VACCINE				
<b>FILING FEE RECEIVED</b> 879	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	